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EDITORIAL COMMENT

ARE NURSES ALIVE TO THEIR OPPORTUNITIES?

The trend of progress during the past year or two has led us to believe that nurses are coming into a closer relationship with other workers and members of other professions whose interests are, in a measure, the same. Members of hospital boards, hospital superintendents, members of the medical profession, social workers,—all of whom have a definite place in what we have come to call “public health,”—the prevention of sickness, the alleviation of suffering, the development of greater proficiency on the part of the worker through general health, the increasing of human happiness, the prolonging of life.

One of the more recent developments has been the organization of “The American Conference on Hospital Service,” in which our three national organizations are members, and where, with the representatives of other groups, equally interested in the future of our hospitals, they have an equal voice in the making and carrying out of plans which will ultimately lead to improved hospital service. It will, of course, take many years to establish this new order of things, where members of the nursing profession are being brought into an advisory relationship as associates, rather than subordinates.

If the members of the nursing profession are to wield the influence which is properly theirs as opportunities develop, they will need to take a more active part in discussions and in performance of committee work than it seems to us they are doing at the present time. For instance: at the meeting of the Hospital Association recently held in Cincinnati, the audience was composed largely of superintendents of hospitals and other hospital officials who were nurses, and yet they were noticeably silent during discussions, and markedly absent as members of committees, or as occupying places on the program. It was intimated to us that this seeming lack of recognition is due to the unwillingness of the women members in the past to do their share of the work of the organization.

Whether this is so or not, their attitude is certainly wrong. There were women present holding big positions, who are doing notably conspicuous work as hospital administrators, but they were not called upon to take part in any discussions, as were the men, and they did not volunteer to do so.

The women members of the American Hospital Association are in the proportion of five to four. The great majority of the hospitals of the country are being administered by women, and yet the meetings were dominated absolutely by a small group of men who are the superintendents of the few very large hospitals. We are not saying this in a spirit of criticism of the men. It was a splendid convention. We are criticising the members of our own profession for what seemed to us like inertia in the matters vitally concerning their work. It is a great thing to be a good listener, but we think it is Emerson who said that one might possess great knowledge, but if one never said anything, people soon came to think one didn't know anything.

In the new organization of the American Conference on Hospital Service, certainly our women must be something more than figure heads. The whole question of training schools,—the education of nurses, the question of hours, the training of attendants, will come before this Conference for a final settlement. The nursing staff is the largest and the most important in any hospital. Every step, either of progress or of retrogression, which affects the pupil in training and the executive staff of such schools, is of vital importance to the woman on the outside.

The brightest prospect that we see before us in the nursing world is the opportunity which this Conference offers, to meet with representatives of the other departments of hospital service, in fair proportion, and with equal privileges. Are our members going to sit back, let the men do all the talking, serve on all the committees, decide all the problems, and vote as the men tell them to? We know the official delegates at Cincinnati, Miss Noyes and Miss Parsons, were splendid representatives of our nursing interests, but we tremble for the future when we think of that silent group of nurse administrators who sat through meeting after meeting at the Hospital Association Convention with so small a number venturing to be heard. It is time the profession was a little more alive to its opportunities.

THE TRAINING OF ATTENDANTS

For a number of years the American Nurses' Association, and the League of Nursing Education in their conventions have discussed the question of the training of attendants. Resolutions have been

passed unanimously, approving the training of a woman to be known as an attendant who should be prepared to do certain definite duties in the sick room, where the services of a more highly educated nurse, both the medical and nursing profession have agreed, are not essential; in this way releasing large numbers of registered nurses for the more serious cases, providing a sick room helper not so expensive, during periods of convalescence or prolonged chronic conditions; but not with the idea on the part of the nursing body of providing an ignorant, poorly trained woman as a substitute for a regular nurse in the homes of the great middle-class.

From the first it has been apparent that the training of attendants, as we would call them, presented a great menace to the nursing profession, without proper licensing and registration of both the graduate nurse and the trained attendant. Registration alone would not protect either, without a state license.

For this reason, in a number of states, the efforts for legislation last year included provision for the training and licensing of attendants. The provision in the bill presented to the New York State Legislature, perhaps may be used as an example, which made definite provision under the Regents for the licensing and registration of this new group of workers; practically the same authority being vested in the Regents in the selection of schools and in what the training should include, as is vested in them for the Nurse Practise act.

The New York bill, and all of the other bills, offered definite relief for the shortage of nurses, and would have put into the field a group of people trained to do certain definite things, which would have made it possible for the employer to know the difference between a registered nurse and an attendant, and when it was safe to employ one and not the other. Strange as it may seem, all of these bills were defeated.

From the beginning, in all of these discussions, the entire nursing body has agreed that the training of attendants in schools where nurses were being trained was not for a moment to be considered. It is very rarely the case that a hospital can offer more experience in the vitally important things than is needed, in the training of a group of nurses large enough to do this work. To divide this experience with a group of attendants would be unfair. To use the attendant only as a means of relieving the pupil in training, of drudgery, and as a substitute for ward maids, would be unfair to the attendant. To attempt to house them together, feed them together, teach them together, discipline them together would, as every training school administrator certainly would say, lead to endless confusion.

There are many institutions for the care of helpless and chronic

cases, both for adults and children, where the establishment of schools for attendants would prove a great blessing by providing a definite service, under control and skilled supervision, where attendants could become proficient in the fundamental nursing procedures, with some knowledge of sanitation and personal hygiene, which are the essential things in the training of this group of people.

We are giving space in this Journal to a letter from a trained attendant, the first person in this group, if our memory is correct, who has sent a contribution to our magazine. In this letter, reading between the lines, it seems to us it is shown that this attendant was trained in a school with regular nurses, and with the condition prevailing which we see is sure to prevail where the two groups of people are trained together, with the attendant used largely as a means of relieving the regular nurse of certain kinds of drudgery that should be performed by ward maids, and that here again hospitals have in mind, not what is for the best interest of the public, no consideration whatsoever for the great mass of private duty nurses, but simply a scheme by which, under the guise of education, another kind of cheap service for the hospital may be obtained.

We consider this the greatest danger in the plan to train attendants side by side with regular nurses in general hospitals.

THE SITUATION IN NEW YORK

We are led to believe that while plans are being made nationally for a closer affiliation of all those persons engaged in hospital administration, which gives to members of the nursing profession equal voice and recognition with other workers, that the old habit of local domination is going to die hard.

We have an example of this in the action of the Hospital Conference of the City of New York in regard to this very question of the training of attendants. Notwithstanding that all of our national organizations have, upon different occasions, given their endorsement to the training of attendants, and in spite of the fact that a committee representing our three national organizations has outlined a plan for the training of this new group of workers, the Hospital Conference of the City of New York has assumed the prerogative of outlining such a plan, without conferring, so far as we know, with the superintendents of their own training schools, or with members of the New York City League for Nursing Education.

All of the persons whose names appear on the committee having this matter in charge are men superintendents of the very large hospitals in New York City, or trustees of those hospitals. If there are

nurses who are members of the New York City Hospital Conference, they have not made themselves conspicuous in this discussion, nor been given any place on the committee.

The plan which is set forth in a little folder by the committee having this matter in charge, embodies certain definite points which are of interest to the teaching body of the whole country, and because the influence of New York is so far reaching, we are giving space to this discussion of a strictly local matter.

They propose to call this person a Hospital Graduate Attendant; the period of training shall be for one year; one-half of this period shall be spent in medical and surgical wards of general hospitals, one month with children, one in the hospital for contagious diseases, and one month in the maternity hospital, with some doubt as to the wisdom of training in the operating room. The amount of oral teaching, also, is left undecided.

It is definitely recommended that the best place for the training of attendants is in general hospitals, if there are such that have no training schools for nurses, and in general hospitals where there are training schools, attendants should be trained side by side with regular nurses. No educational test would be required, more than the ability to read, write and cipher, it being hoped that the short course and the absence of high scholastic requirements will attract large numbers of women to take this training, who will be perfectly safe bed-side attendants for the seriously sick, acting under a physician's guidance. There is to be no state examination, and most especially no examination by a board of nurses.

In other words, the plan as outlined by the Hospital Conference of the City of New York, it would seem to us, is to train a lower order of nurse under the guise of another name. Without a state license, examination, and registration, such a person would become a direct menace to the nursing body, being free to assume the responsibility, and to receive the compensation, of the full trained and registered nurse, the public being absolutely without means of knowing when it was being imposed upon.

The New York City League for Nursing Education held a meeting September 30, to discuss this plan of the Hospital Conference, at which a very large and representative body of women was present, with Dr. Augustus F. Downing, of the State Department of Education, as a special guest. The question of the training of attendants, as outlined in the circular already referred to, was given consideration. Dr. Downing discussed at length many questions in connection with the licensing and registration of nurses, and the training,

licensing and registration of attendants, of which we enumerate certain definite statements which have to do with this subject.

First, he made it very plain that under the present ruling, hospitals organized to train nurses could not establish schools for the training of attendants without a special permission from the Board of Regents,—that while he could not tell what action the Board of Regents would take, he would not hesitate to advise it to take such schools off the registered list.

He gave it as his opinion that attendants were needed; that the bill which New York presented last year would have given protection both to the nurse and to the attendant; that attendants should be at least grammar school graduates; that they should be required to pass an examination; that in his opinion everyone doing nursing in the State of New York, whether as nurse or as attendant, should be required to re-register every year, that the State might have a complete list of those caring for the sick as nurses within its borders, as they were able to know physicians, pharmacists and other groups.

He gave it as his opinion, that the training of attendants in schools where there are training schools for nurses is a possibility where there is service, equipment and money to do it properly. Or, at least, he would like to see the experiment tried out, but he was very clear in his statement that there should not be trained attendants in the hospitals until we have the law.

In other words, Dr. Downing, not having had experience in the training of nurses, differs from the nursing body as represented in the New York City League, in wishing to see the experiment tried out of training the two groups under one roof.

Miss Burgess, the New York State Inspector of Training Schools, who has recently returned from her year's service in war work, made the interesting statement that the effect of the circular, which had been issued by the Hospital Conference, had been very demoralizing throughout the state. Quite a number of registered schools had written in to the Department with a request to know how such courses could be started; whether the State Department was approving it; and would the schools be able to do it and maintain their registration?

A number of schools, that had scarcely clinical material enough to give training to their own students, wished to start it immediately.

With reference to the question of the shortage of nurses, which was one of the reasons given in the circular for the training of attendants, she said many of the New York schools are not in such great need for nurses as it would seem, that the schools are very full,—and she gave figures to show that those schools, in the majority of

instances, which have proper housing, equipment and educational facilities, have more pupils in their schools to-day than for the past five or six years,—that in those schools where the number had decreased, there were reasons based upon lack of proper equipment and inadequate practical and theoretical instruction. She said that while we do need more nurses, the good schools are attracting students in about the same numbers as they have during the past few years.

Miss Crandall, representing the public health interests, said that public health workers have come to the conclusion that what was needed to round out the work of the public health nurse in the home was not so much a person to help in the care of the sick, as a household worker who would “get the breakfast and send the children off to school, get the husband’s lunch, put the children to bed, and keep the man’s mind at rest.” She said that the public health workers felt that the amount of nursing to be taught such a person would be equivalent to that of the Red Cross courses in home nursing.

She gave interesting statistics in regard to various experiments that had been tried in the training of attendants, stating that it had been found that the amount charged by trained attendants, of twelve to eighteen or twenty dollars a week, was just as prohibitive to the poor man as if it were from twenty to twenty-five dollars; and that the amount which these attendants charged could not be controlled.

Miss Goodrich gave it as her opinion that there is a very definite call for another type of person, but she did not believe that the nursing side of that person’s training should be emphasized. She had much to say about the reconstruction work in connection with the army, which did not have a direct bearing on the case in point, but both she and Miss Crandall gave it as their opinion that health insurance offered the best solution.

Miss Hilliard, speaking of experiments that had been tried in the training of attendants in Boston and Cleveland, and in some general hospitals, said that so far as she had been able to ascertain, there was not a single so-called attendant who was not practising trained nursing, and in behalf of the executive committee of the New York City League for Nursing Education, she presented the following resolution, which was unanimously endorsed:

WHEREAS, there is a need for trained attendants for the care of patients suffering from chronic and incurable diseases and for those convalescing from neuroses, psychoses and other illnesses, and

WHEREAS, such attendants have been trained in certain hospitals, sanatoria and visiting nurse associations, and

WHEREAS, many of these trained attendants are practising nursing as trained nurses,

Be it therefore

RESOLVED, that the New York City League for Nursing Education goes on record as approving the training of attendants, if this training is not given in a hospital which maintains a Training School for Nurses, and if, for the protection of the public, they be prohibited from practising nursing as trained nurses, and if they be licensed as provided for in Senate Bill 597 of the 1919 Legislature.

Here, again, we are having what seems a great waste of effort, because two groups of people, equally concerned, are endeavoring to thrash out a serious problem independently of each other. What is needed to settle the question of attendants is that an equal number of men and of women, representing the two groups, get together, work out a plan, and let it be decided by the vote of the majority.

Any plan for the training of attendants, or the training of nurses, cannot be wisely or satisfactorily brought to any conclusion independently of the nursing body, any more than any changes in medical education could be brought to a satisfactory conclusion without the approval of the medical body. The service which nurses have rendered to hospitals, to the general public, and to the government in this country, for a period now of forty-six years, makes it impossible for their interests to be set one side, or for their special prerogatives to be assumed by any other group of people.

There must be coöperation on a perfectly clear basis, such as it is proposed there shall be in the American Conference on Hospital Service, in order to bring about a satisfactory adjustment of the attendant problem, or any other problem that has to do with the nursing care of the sick.

THE POWER OF THE VOTE

The great majority of the nurses of the country now have the ballot, and their organized vote in any community will have a marked influence in the election or defeat of any one candidate. It is a fair procedure in the game of politics for constituents to cast their vote against the reelection of a member of the legislature whose support or opposition to certain measures has proven unsatisfactory.

In the coming legislative work, nothing is of greater importance, in our opinion, than the passage of the New York State bill as presented last year, which includes provision for the licensing and training of attendants, because of the influence this will have over the whole length and breadth of the country.

The nurses of New York State have it in their power to defeat some of the men who have systematically opposed nurse legislation, by simply, in the casting of their votes, rejecting such candidates when their names are to be found on the ballot for reelection, and by being careful to ascertain, when possible, the attitude which new men would be likely to take in regard to this matter.

The Senate Register gives the following members of that body openly opposed to the New York bill last year:

Democrats

Frank F. Adel	Ridgewood, Queensborough, N. Y.
Loring M. Black, Jr.	Brooklyn, N. Y.
John J. Boylan	New York City
Daniel J. Carroll	Brooklyn, N. Y.
Bernard Downing	New York City
John J. Dunnigan	Bronx, New York City
Abraham Kaplan	New York City
John A. Lynch	West New Brighton, S. I., N. Y.
Peter McGarry	Long Island City
Julius Miller	New York City
Samuel Ramsperger	Buffalo, N. Y.
Charles E. Russell	Brooklyn, N. Y.
Henry G. Schackno	New York City
Kenneth F. Sutherland	Brooklyn, N. Y.
G. F. Thompson	Middleport, N. Y.
William Copeland Dodge	New York City

Republicans

Adon P. Brown	Leonardsville, N. Y.
Frederick Davenport	Clinton, N. Y.
Mortimer Y. Ferris	Ticonderoga, N. Y.
J. Samuel Fowler	Jamestown, N. Y.
Charles C. Lockwood	Brooklyn, N. Y.
James W. Yelverton	Schenectady, N. Y.

HEALTH INSURANCE AND COMING LEGISLATION

Whether or not health insurance will provide proper medical and nursing care for the masses of the people, is a question about which intelligent men and women differ. At the meeting of the Hospital Association in Cincinnati, two papers were presented by men, both experts in their way, one in favor of health insurance, and the other against it, which left some of the members present more confused as to its ultimate value than they were before.

One thing we may say, however, that while the medical profession seems to be opposing this measure, and is organizing in New York State, at least, for opposition to all health insurance measures that may be brought forward during the coming year, the financial disadvantages of health insurance do not seem to be as great for nurses as in the case of the physicians.

Nurses should be careful how they let themselves be drawn into membership in these organizations being formed for the purpose of opposing insurance measures, and should be sure that they are not being made use of to their ultimate disadvantage. The medical profession, as a body, has not given very strong support to the efforts nurses have made for legislation for their own protection.

Every bill presented to the legislature in any state should be studied, and supported or opposed on its merits, and not because of any general opposition which may have been developed in the locality.

RANK FOR NURSES

To every Military Committee member, Rank for Nurses is now a familiar slogan; to every member, also, the growth of public interest in it, has become clear. Every since April a stream of letters, resolutions and petitions has been trickling in to the Congressmen's offices from nurses, lay persons and organizations,—recently from doctors, too. The gratifying results of this gentle but steady work are clearly reflected in the correspondence files of the National Committee on Rank and on the counsel's visits to the Capitol, they have been increasingly apparent.

Not only has a pleasing proportion of the whole Congress promised to vote for Rank when it reaches the floor, but a goodly number of influential men on both committees are pledged to its support in committee. Again, what is vastly encouraging, both chairmen, Senator Wadsworth of New York, and Representative Kahn of California, have become avowedly sympathetic. Altogether the prospect is bright, and if the State Nurses' Associations and other nursing groups throughout the country persist in their work in response to the National Committee's requests, there seems excellent reason for expecting enactment of the principle of Rank for Nurses, despite the War Department opposition.

Both military committees are now trying to fix on a military policy that shall be good for some years to come. The searchlight of experience in the Great War is being turned upon every department of the army. Patchwork legislation is being put aside in an effort to make an organic whole. Complete plans and single suggestions are both being studied. Those deemed meritorious, whether endorsed by the War Department or not, are being marked for incorporation into the final reorganization plan. Hardly any measure affecting the army in either fundamental structure or extrinsic detail is being recommended for separate passage, meantime. Hence the separate passage of the Jones-Raker bill as an independent measure is not

likely. Instead, if it meets majority committee approval, as we believe it will, we may expect it to be made part of the reorganization plan and reported as such. Incidentally, of course, it is the business of all nurses to continue to help see to it that the principle of Rank shall meet such approval, and shall be so incorporated into the plan finally agreed on and reported to Congress.

In its study, the House Committee is following a certain order to which it wishes to adhere. Chairman Kahn has told our counsel he prefers to hold no hearing on Rank before considering the Medical Department as a whole. This he expects to do some time in November. Thus the hearing date is still not set.

Through Senator Wadsworth's courtesy, the formal Senate hearing will be had at the time of the House hearing in November. Meantime his committee has already had an informal hearing, illuminating, since it drew out a statement of the War Department's attitude.

Surgeon General Ireland was before the Senate Committee on September 4, as we reported in the October JOURNAL, to discuss Medical Department reorganization. Questioned by the committee about Rank for Nurses, he stated the War Department's unequivocal opposition to the Jones-Raker bill. His testimony, given in full in that issue, reveals the Department's opposition as purely negative, based on no principle, but seemingly on prejudice alone. General Ireland made out no case at all against the plan, indeed presented none. When asked what injury would be done the Medical Department by the installation of relative rank for nurses, he admitted he could point to none.

Sara E. Parsons, for twenty months Chief Nurse at Base 6, Bordeaux, for many years superintendent of the Massachusetts General Hospital Training School for Nurses in Boston, was also questioned. She explained the inadequacy of regulation to ensure the status and authority of nurses in a system which otherwise uses rank with its insignia as a means to such ends. As for regulation 1421½ which the Surgeon General regarded as sufficient to meet all difficulties, she said that so far as its practical results in increasing the efficiency of the nurses at Base 6 were concerned, it was "not worth the paper it was written on."

The National Committee to secure Rank for Nurses has published a booklet on Rank called "The World War and the Army Nurse." This may be had by writing to the National Committee at 717 Woodward Building, Washington, D. C., and enclosing five cents plus postage. Liberal reductions are made for orders for twenty-five or more.

A DOZEN THINGS TO DO NEXT FOR RANK

1. Follow up your congressman and *then* follow them up; 2. Keep on educating both military committees; 3. Send every congressman "The World War and the Army Nurse"; 4. Get two or three influential local men interested; 5. Get more letters of endorsement from officers, medical and line; 6. Get more statements and petitions from the reserve nurses; 7. Get endorsements and resolutions from clubs of all kinds; 8. Get the American Legion back of Rank for Nurses; 9. Send copies of all resolutions to the chairmen of both military committees and your own delegation; 10. Discuss Rank at all your meetings; 11. Remember the sinews of war; 12. Send one dollar to the National Committee and receive all notices and bulletins for six months.

ARMY NURSE CORPS RETIREMENT BILL PASSED BY THE SENATE

Sen. Bill 2496 authorizing the retirement of nurses of the Army Nurse Corps on three-fourths pay after twenty years' service was reported by the Senate Military Affairs Committee on July 21 and passed by the Senate on August 18. The following day it was referred to the House Military Affairs Committee, which has not yet acted on it. For the debate on this measure, see the Congressional Record of Monday, August 18, 1919, pages 4203-4204.

This bill is an Administration measure, its passage having been especially requested by Secretary of War Baker. It is therefore almost certain of passage by the House when reported by the House Military Committee. The latter body may hold it until it has come to some conclusions about army reorganization. Most single measures seem to have been made temporarily subordinate to the plans for complete reorganization.

A MEMORIAL FOR OUR NURSES IN FRANCE

Two hundred and eighty-four American nurses lost their lives during the recent war,—101 of whom lie buried in France.

It would seem fitting for the nurses of America who were privileged to serve, but whose lives were spared, and for all that great body who were not called upon to endure the hardships of war, to unite in erecting some lasting memorial to those of our number whose lives have been sacrificed.

France is one of the countries very much behind the rest of the civilized world in its lack of development of trained nursing. Only one school founded on the Nightingale system exists in France, that reorganized in Bordeaux, in 1901, by Dr. Anna Hamilton, fittingly called the Florence Nightingale School, a description of which has

been given in a number of articles in these pages during the past year, as well as earlier.

At a meeting of the joint boards of directors of the three national nursing associations, held in New York in January last, this question of a memorial to our nurses in France was given consideration. It was the consensus of opinion of those present that our greatest and most fitting contribution to such memorial would be to aid in the development of the nursing service of France.

As our readers know, Dr. Hamilton has had a gift of a beautiful piece of ground and sees her way clear to the erection of a new hospital, but lacks money for the training school building which will cost, in American money, \$50,000. The nurses of America are asked to contribute this amount and to make it the truest sort of tribute to our own members who died in service.

Every woman of the profession, old or young, those in high places, and those in low places, should contribute according to their means, no amount being either too large or too small.

The Joint Committee of the three national organizations of which Miss Noyes is chairman, is issuing an appeal to organizations and individuals, and this JOURNAL is to act as treasurer.

We must bear in mind that this great war was fought largely on French soil, that the majority of our nurses who have died are buried in France, and this tribute is proposed as a means of continuing for all time that service in which they were engaged when they fell.

This fund can be raised almost without an effort if every member of the profession will contribute her utmost. For such a cause the response should be immediate and without solicitation.

THE JANE A. DELANO POSTS

That nurses who have served under the government are eligible for membership in the American Legion was announced in Miss Harvey's letter in the September JOURNAL. Already, the nurses in two sections of the country have organized Jane A. Delano Posts in connection with the American Legion, Washington leading, and New York coming second.

No better way can be found to perpetuate the name of Jane Delano, than in the organization of such Posts over the country. Two qualifications are necessary for membership: First, that the nurses must have served under the Federal Government, and second, that they must be American citizens.